



ED Discharge Summary to GP and Specialist

GP Name: Dr Nadia Laeeq**Practice Group:** Florey Medical Centre**Address:** 19-21 Kesteven Street Florey ACT 2615**Ph:**0262591444 **Fax:**0262592027

Patient Name: Rado Faletic	Gender: M
DoB: 11/02/1976	URN: 19186684
Mobile: 0414778087	Home Phone: 0414778087
Carer Name: Heather Faletic	Relationship: Wife / Female Partner
Mobile: 0422770587	Home Phone: 0422770587

Note: Consent to provide information was obtained

Dear Dr Nadia Laeeq,

Your patient Rado Faletic presented to Calvary Emergency Department at 6/12/2021 4:14:00 PM and was discharged to Home Non adm visit on 06/12/2021.

Discharge Diagnosis:

Chest pain

Clinical Assessment:

45 year old man with ongoing intermittent chest pain, shortness of breath on exertion and decreased exercise tolerance. Has had multiple complaints since his COVID Pfizer vaccination three weeks ago, and has not recovered. Along with insomnia, fatigue, shortness of breath on exertion, headache, dizziness, chest pain and abdominal pain. Today his chest pain was exacerbated and worsened. Not pleuritic in nature. No radiation of pain. No diaphoresis, nausea, vomiting, diarrhoea.

Has had recent multiple investigations, including prior emergency presentations for his chest pain. Also has had a recent colonoscopy and is under the care of a gastroenterologist for his ongoing abdominal pain. (Ix NAD, due for a CTAP in January).

On arrival he had intermittent chest pain, as well as a headache, however declined any analgesia.

On examination- Chest clear, HSDNM. Good AE to both bases, no added sounds

- Abdomen SNT
- Calves SNT, no peripheral oedema
- PERC negative
- Haemodynamically stable

He was investigated with bloods, including serial troponins, FBE, EUC, LFT, lipase which were all within normal limits. His CXR did not show any collapse, consolidation, pleural effusion or pneumothorax.

- He was discharged home with GP follow up if ongoing concerns.

Procedure and Treatment:

As above

Regular Medication Remains Unchanged: **Yes**

Discharge and Follow-up Plan:

Discharge home
Follow up with GP if ongoing concerns
Return to ED should the pain recur, or not remit with simple analgesia

Investigations:

Request No:	N143497	N145329	N154551	N154562		
Date:	11/11/21	16/11/21	06/12/21	06/12/21		
Time:	14:30	10:40	16:55	19:30		
Hospital:	CAL	CAL	CAL	CAL	Units	Ref Range
Fasting:	Unknown	Unknown	Unknown			
Sodium	140	139	140		mmol/L	135-145
Potassium	4.2	4.0	Ha		mmol/L	3.5-5.2
Chloride	107	105	107		mmol/L	95-110
Bicarbonate	23	24	26		mmol/L	22-32
Anion Gap	14	14			mmol/L	8-16
Urea	4.2	5.5	5.6		mmol/L	3.4-9.0
Creatinine	85	80	75		umol/L	60-110
Est. of GFR	>90	>90	>90		*	>90
Glucose	6.2H	4.9	6.4H		mmol/L	3.5-5.5
Osmol-calc	290	288	292		mOsm/kg	280-300
Bili Tot.		8	5		umol/L	2-20
ALT		25	25		U/L	<40
ALKP		111H	95		U/L	30-110
New GGT		16	14		U/L	<71
Protein		84H	Ha		g/L	60-80
Albumin		45	41		g/L	33-50
Globulin		39			g/L	24-41
TropI (hs)	<2	<2	<2	<2	ng/L	<26
CRP	5.5	3.3			mg/L	<6.0
Lipase			42		U/L	<55
Haemolysis Index						
Haemolysis	0.42	0.13	1.27	0.10		

CUMULATIVE REPORT

Req No:	N143497	N145329	N154551		
Date:	11/11/21	16/11/21	06/12/21		
Time:	14:30	10:40	16:55		
Hosp.:	CAL	CAL	CAL	Units	Ref Range
BLOOD COUNT					
Hb	150	154	137	g/L	135-180
WCC	5.8	6.4	6.2	x10 ⁹ /L	4.0-11.0
Plat	319	344	304	x10 ⁹ /L	150-400
RCC	5.36	5.61	5.01	x10 ¹² /L	4.30-6.50
HCT	0.43	0.44	0.40	L/L	0.40-0.53
MCV	80	79L	80	fL	80-96
MCH	27.9	27.5	27.5	pg	27.0-33.0
MCHC	347	347	342	g/L	320-360
RDW	13.4	13.2	13.3	%	11.0-14.5
White Cell Differential					
Tot Neut	3.03	3.94	3.33	x10 ⁹ /L	1.8-7.5
Neut	3.03	3.94	3.33	x10 ⁹ /L	1.8-7.5
Lymph	1.95	1.84	2.10	x10 ⁹ /L	1.2-4.0
Mono	0.59	0.42	0.51	x10 ⁹ /L	0.10-1.0

Eos	0.17	0.14	0.20
Baso	0.06	0.06	0.06

$\times 10^9/L$	0.00-0.7
$\times 10^9/L$	0.00-0.2

Clinician: Alexandra Garland

Signature:

Designation: ED Medical Officer

Date: 6/12/2021 9:12:41 PM

If you require further information about the patient, you may contact the ED Department on 6201 6208 or GP Liaison Unit on 6201 6895